NEWTON COUNTY

SUB-CONTRACTOR AFFIDAVIT

(State License Required)

THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED TO THE NEWTON COUNTY PERMITS AND INSPECTIONS DEPARTMENT 24 HOURS PRIOR TO THE REQUIRED ROUGH INSPECTION(S).

Combination Permit Number _____ **Date of Permit Issuance**_____ 20___

Subdivision _____ **Lot**_____ **Block**_____

Job Site Address_____

Contractor_____

Owner_____

STATE LICENSED SUB-CONTRACTORS

ELECTRICAL CONTRACTOR (CHECK CLASS I RESTRICTED [ ]; CLASS II UNRESTRICTED [ ])

Company or Contractor_____ Address_____

State Card #_____ City or Co. Occupational Lic. #_____ Issue Date_____ 20___

Print Name _____ Phone Number _____

Card Holders Signature _____

MASTER PLUMBER (CHECK CLASS I RESTRICTED [ ]; CLASS II UNRESTRICTED [ ])

Company or Contractor_____ Address_____

State Card #_____ City or Co. Occupational Lic. #_____ Issue Date_____ 20___

Print Name _____ Phone Number _____

Card Holders Signature _____

CONDITIONED AIR CONTRACTOR (CHECK CLASS I RESTRICTED [ ]; CLASS II UNRESTRICTED [ ])

Company or Contractor_____ Address_____

State Card #_____ City or Co. Occupational Lic. #_____ Issue Date_____ 20___

Print Name _____ Phone Number _____

Card Holders Signature _____

LOW VOLTAGE (CHECK CLASS I RESTRICTED [ ]; CLASS II UNRESTRICTED [ ])

Company or Contractor_____ Address_____

State Card #_____ City or Co. Occupational Lic. #_____ Issue Date_____ 20___

Print Name _____ Phone Number _____

Card Holders Signature _____

I DO CERTIFY THAT I AM RESPONSIBLE FOR EACH REQUIRED LICENSED CONTRACTOR TO OBTAIN AN OCCUPATIONAL TAX LICENSE. ANY FALSE INFORMATION OR REPRESENTATIVE WILL BE PROSECUTED UNDER ALL APPLICABLE LAWS OR ORDINANCES.
IN THE EVENT OF ANY CHANGE IN MY STATUS ON THIS INSTALLATION; I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR THIS JOB UNTIL BUILDING INSPECTIONS HAS BEEN NOTIFIED, IN WRITING, OF ANY CHANGE.

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(COMBINATION PERMIT HOLDER)